

1 October 1999

From: Officer in Charge, Military Medical Support Office,  
Great Lakes, IL 60088-6999  
To: All Geographically Separated Units

**SUBJ: Management of the Tri-Service Remote Dental Program**

Ref: (a) Navy BUMEDINST 6320.72 of 21 Feb 96  
(b) Army AR 40-3 and AR 40-400  
(c) Air Force Instruction 41-101  
(d) OASD/HA Policy Letter 98-06

**1. PURPOSE.** To describe the procedures for authorizing and obtaining civilian dental care within the scope of the Tri-Service Remote Dental Program (RDP), administered by the Military Medical Support Office (MMSO).

**2. SCOPE.** This program applies primarily to remotely stationed active duty service members (ADSMs). It does not cover family members, who should enroll in the TRICARE Family Member Dental Program.

a. The effective date of this program is 1 October 1999. Certain portions of references (a) through (c) are superceded by the implementation of this program as discussed below.

b. ADSMs who are assigned to remote work stations and who reside more than 50 miles from a military dental clinic are eligible for the provisions of the RDP. This authority covers permanently assigned active duty personnel only. ADSMs who reside or work within 50 miles of a military dental clinic should receive their dental care at the military clinic, and are not entitled to routine dental care while on leave or TDY/TAD. In this case, only emergency care is authorized.

c. The Chief of the Dental Corps of the unit's parent service may grant waivers to units within the 50-mile radius of a military dental clinic. Once a unit is so designated as a geographically separated unit (GSU), all permanently assigned ADSMs of the unit are eligible for civilian dental care under the provisions of the RDP.

d. Drilling members of the Reserve components, Army National Guard, and students enrolled in the Reserve Officers Training Program are not eligible for routine dental care under this program. Eligibility is limited to

specifically approved treatment of service connected injuries only. Further guidance should be obtained from MMSO or the Reserve unit or National Guard medical representative.

### **3. BACKGROUND.**

a. ADSMs are entitled to all benefits and services of the Defense Health Program, providing access to outpatient and inpatient medical and dental care in appropriate facilities: military treatment facilities (MTFs), Veterans Administration Medical Centers (VAMC), Managed Care Support Contractor (MCSC) network, and non-network TRICARE providers. Section 731 of the National Defense Authorization Act for Fiscal Year 1998 mandated significant changes to how remotely stationed ADSMs may obtain health care services. ADSMs who work and reside over 50 miles from a military clinic (e.g. recruiters, full-time advisors to Reserve units, ROTC cadre, etc.) are entitled to routine civilian care under the TRICARE Prime Remote (TPR) Program.

b. The Office of the Assistant Secretary of Defense/Health Affairs (OASD/HA) directed the establishment of the Military Medical Support Office (MMSO) by reference (d). A Memorandum of Understanding (MOU) was subsequently signed by the Deputy Surgeons General for the Army, Navy, and Air Force establishing MMSO for the management of health care to all ADSMs assigned to TPR.

c. MMSO will serve as the centralized Tri-Service case management office for medical and dental care in TPR, and the claims processor for all civilian dental claims throughout the United States. The former Navy Office of Medical and Dental Affairs (OMDA), Great Lakes, IL was designated as the location for the MMSO, and changed its name 1 February 1998 to reflect the new Tri-Service mission.

MMSO will continue to collaborate with each Service to identify best practices and implement processes to support patient management and provide military oversight for TPR.

d. MMSO will pay civilian dental claims for all Army, Air Force, Navy, Marine Corps, and Army National Guard ADSMs in TPR beginning 1 October 1999. The dental program will include the preauthorization of requests for dental treatment, education and liaison with GSUs, civilian dentists, and VA dental clinics.

e. In addition to paying for care from civilian dentists, MMSO also maintains agreements with VA facilities

nationwide, many of which provide dental care in varying degrees.

#### **4. PROCEDURE FOR OBTAINING CARE.**

**a. EMERGENCY DENTAL TREATMENT.** Emergency care does not require preauthorization. It is defined as the immediate treatment, including prescription medication, required to relieve pain or prevent serious infection or loss of tooth structure. The ADSM may seek emergency dental care from any licensed dentist. Following treatment of the emergent condition, any subsequent appointments do require prior approval if they exceed amounts or criteria discussed below.

**b. ROUTINE DENTAL TREATMENT.** In some areas, agreements exist between the VAMC and MMSO, by which the VA dental clinic agrees to treat ADSMs and are reimbursed directly by MMSO. Where such an agreement exists, ADSMs may use the VA clinic for routine care. MMSO or the VA clinic may also be contacted for specific information about access to care. Otherwise, ADSMs in the RDP are authorized to obtain routine dental care from any licensed dentist without first obtaining prior approval, providing the treatment meets all of the following requirements.

1) Routine dental treatment includes diagnostic (exams, x-rays, etc.) preventive procedures (temporary fillings, cleanings, and periodontal scaling), routine restorations (amalgams or composite fillings), extractions, root canal treatments, and minor periodontal treatment (e.g., root planing and curettage).

2) Only procedures that are less than \$500 per treatment episode are considered routine. For example, extractions are covered primarily for the removal of diseased and nonrestorable teeth. However, the surgical removal of four wisdom teeth would normally exceed the allowed amount, and therefore requires prior approval.

3) Treatment plans that exceed a total of \$1500 per calendar year require preauthorization, even if all of the treatments individually meet the definition of routine care.

#### **c. SPECIALTY TREATMENT.**

1) Extensive or specialty care requires preauthorization from MMSO prior to initiation. These conditions may be referred to an MTF for evaluation or treatment prior to authorization. This category includes, but is not limited to crowns, bridges, veneers, implants,

surgery, and temporomandibular joint dysfunction (TMD) treatment.

2) Civilian Orthodontic treatment is not normally authorized. Exceptions are made only when a military orthodontist specifically recommends treatment as necessary to maintain the health of the member (documented as not elective or for cosmetic purposes). Orthodontic treatment may occasionally be approved in support of orthognathic surgery performed in an MTF when the military orthodontist and surgeon have concurred with the civilian treatment plan in the GSU as being in the best interests of the patient.

3) Authorization of periodontal surgery and implants to replace multiple missing teeth generally requires the evaluation and recommendation by a military periodontist or prosthodontist, respectively. This requires referral to a military dental clinic for evaluation prior to authorization of care.

**d. OTHER UNAUTHORIZED EXPENSES.** Medications for home use, toothbrushes, and other over the counter personal hygiene supplies, even if recommended by the dentist, are not authorized for payment. These are the personal responsibility of the service member.

## **5. PROCEDURE FOR REQUESTING PRIOR APPROVAL.**

a. To request preauthorization for specialty care, the service member's unit forwards written correspondence and supporting documentation to MMSO. The unit's commander or designated medical program representative should sign the request. Appendix A is provided as an example, and includes the information most helpful in processing the request quickly.

X-rays or photographs that are submitted as supporting documentation will be returned with a letter providing an authorization number for the approved amount, or a recommended alternative or reason for denial.

b. For extensive or questionable treatment plans, an evaluation by a military general dentist or specialist may be required before authorization is given. While every consideration is given to minimize travel costs and the ADSM's time away from the command, this program is designed to augment, not replace those resources responsible for maintaining military dental readiness. Each Branch of Service requires periodic Type 2 exams by a military dentist to document dental readiness. Requests for civilian dental care can more accurately and consistently be determined with

reference to the last military exam documented on the SF 603 from the ADSM's dental record. This also provides better management of dental readiness by the GSU. If ADSMs keep this up-to-date by proactively scheduling exams when they are traveling to military bases for other purposes (personnel actions, HIV testing, etc.), requests can be approved more quickly, and travel costs are better managed.

c. When in doubt about prior approval requirements or procedures, MMSO may be contacted for further clarification at 1-888-MHS-MMSO. The point of contact for administration of this program is the MMSO dental officer, who can also be contacted at DSN 792-3950 or (847) 688-3950.

## **6. PROCEDURE FOR FILING CLAIMS.**

a. Claims will be accepted and paid under these instructions for dental care after 1 October 1999.

b. Once authorized care is received, the service member should obtain from the dentist an itemized invoice of procedures provided. The use of the standard American Dental Association (ADA) insurance form, which shows the dentist's payment information and Tax ID Number, dates of treatment, ADA procedure codes, and amount billed, speeds the processing of the claim significantly. If this information is not provided by the dentist, claim processing may be delayed.

c. The itemized invoice should be submitted promptly to MMSO with a MMSO Claim Form (Available on the MMSO web page) signed by the service member and the unit commander or medical representative. Upon receipt of an acceptable claim for emergency treatment, routine care within the prescribed thresholds, or preauthorized specialty care for an eligible service member, MMSO will process the claim and issue payment directly to the dentist.

d. If the service member has paid out-of-pocket for dental care, a Standard Form (SF) 1164, Claim for Reimbursement for Expenditures on Official Business (available on the MMSO web page), signed by the service member making the claim, and proof of payment must be submitted together with the dentist's itemized invoice and claim form as described above. (SF 1164 is available from the Federal Supply System through normal supply procurement procedures.) Upon receipt of an acceptable claim for reimbursement, MMSO will process the claim and issue payment directly to the service member.

e. The address for submitting claims is:

**Military Medical Support Office  
PO Box 886999  
Great Lakes, IL 60088-6999**

f. It is the responsibility of the service member submitting the claim to ensure that procedures are completed and payment is credited to his or her account. Failure to obtain required authorizations or to submit the claim promptly may result in credit problems or even personal financial liability. When in doubt about procedures, if assistance is required, or to check on the status of a submitted claim, MMSO Customer Service can be contacted at 1-888-MHS-MMSO.

**7. APPEAL PROCEDURES.** When MMSO denies a claim or written request for prior approval, the member or member's command will be notified promptly by letter. The member or member's command may mail or send a facsimile letter with additional information as an appeal. Level I appeal represents the initial adjudicating authority. Any level in the appeal process may overrule the previous decision and order payment or approval of the request in whole or in part. Appeals must be made in the following sequence to the appropriate level as outlined below:

a. Level I: Officer in Charge, Military Medical Support Office, PO Box 886999, Great Lakes, IL 60088-6999. FAX: DSN 792-3905, or (847) 688-3905.

b. Level II: Chief of the Dental Corps for the service member's branch of service.

c. Level III: Surgeon General of the service member's branch of service (final level of appeal).

## **8. CONTACT INFORMATION:**

a. These instructions and forms, as well as other information about MMSO may be found on the MMSO Web Page at:  
<http://navymedicine.med.navy.mil/mmso/>

b. A Customer Service representative may be contacted at **1-888-MHS-MMSO** (888-647-6676) for general information or questions pertaining to claim processing or status of a claim.

c. The dental division of MMSO may be contacted by phone at the same number, or DSN 792-3950, or (847) 688-3950 for further information about requesting a prior approval.

d. The point of contact for administration of this program is the MMSO dental officer, who can also be contacted at DSN 792-3950 or (847) 688-3950.

A. M. GREEDAN

**APPENDIX A: SAMPLE PRIOR APPROVAL REQUEST**

[COMMAND LETTERHEAD]

**From:** [Command Name, etc.]  
**To:** Officer in Charge, Military Medical Support Office,  
PO Box 886999, Great Lakes, IL 60088-6999  
**Subj:** REQUEST FOR PRE-AUTHORIZATION OF CIVILIAN DENTAL  
CARE ICO [NAME, RANK, SERVICE, AND SSN OF INDIVIDUAL  
SERVICE MEMBER]

**Encl:** (1) Copy of Civilian Dental Treatment Plan  
(2) Dental x-rays and/or photographs  
(3) Copy of dental record (SF 603's) [showing last  
military T-2 exam]

1. Pre-authorization is requested for civilian dental care indicated by enclosures (1-3). We understand that any authorization is for this request only, and may not apply if the information provided changes.

2. This service member is on Active Duty [or other DEERS eligible status]. The following information is provided:

- a. Total estimated cost of this treatment:
- b. Date of last military dental exam:
- c. Service member's duty location and work phone number:
- d. Date assigned to a GSU (geographically separated unit):
- e. Projected Rotation Date:
- f. Expiration of obligated service:
- g. The nearest Federal/Military Dental treatment facility: [Name and distance - Include VA medical center with dental sharing agreement, if known]

3. My point of contact is [NAME, RANK, PHONE NUMBER OF COMMAND'S MEDICAL REPRESENTATIVE, HBA, OR OTHER KNOWLEDGEABLE PERSON]

[SIGNED BY COMMANDER OR DESIGNATED REP]